Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

A	For the	2022 calend	dar year, or tax year beginning 01/01/2022 and ending	12/31/	2022						
В	Check if	applicable:	C Name of organization RIDEBACK RISE INC		D Empl	oyer identification number					
	Address	change	Doing business as			87-2142080					
	Name ch	nange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepl	hone number					
	Initial ret	urn	1670 BEVERLY BLVD			650-575-6488					
\Box	Final retu	ırn/terminated	City or town, state or province, country, and ZIP or foreign postal code								
\Box	Amende	d return	LOS ANGELES, CA 90026		G Gross receipts \$ 3,049,003						
$\overline{\Box}$	Applicat	ion pending	F Name and address of principal officer: SABRINA POURMAND	H(a) Is this a gr	group return for subordinates? Yes V No						
		, ,	1670 BEVERLY BLVD, LOS ANGELES, CA 90026	1		es included? Yes No					
ī	Tax-exe	mpt status:	✓ 501(c)(3)	If "No," attac	h a list. S	ee instructions.					
J	Website	: https://ric	debackrise.org/	H(c) Group e	xemption	number					
ĸ	•	organization:		ation: 2021	M State	of legal domicile: CA					
_	Part I Summary										
	Briefly describe the organization's mission or most significant activities: TO EMPOWER BIPOC CREATORS, ARTISTS,										
ě			EPRENEURS TO MAKE POPULAR ENTERTAINMENT THAT REFLECTS (
Activities & Governance			l on Schedule O, Statement 1)								
eru	2		box if the organization discontinued its operations or disposed of	of more than 25	5% of it	s net assets.					
Š	3		voting members of the governing body (Part VI, line 1a)		3	6					
۵	4		independent voting members of the governing body (Part VI, line 1b		4	6					
ies	5		per of individuals employed in calendar year 2022 (Part V, line 2a)		5	0					
Ĭξ	6		per of volunteers (estimate if necessary)		6	20					
Act	7a		ated business revenue from Part VIII, column (C), line 12		7a	0					
	b		ted business taxable income from Form 990-T, Part I, line 11		7b	0					
			, , , , , , , , , , , , , , , , , , , ,	Prior Yea		Current Year					
4	8	Contributio	ons and grants (Part VIII, line 1h)		3,049,003						
Revenue	9		ervice revenue (Part VIII, line 2g)		0						
ě	10	_	t income (Part VIII, column (A), lines 3, 4, and 7d)		0						
æ	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0					
	12		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0	3,049,003					
	13	-	d similar amounts paid (Part IX, column (A), lines 1–3)			0,010,000					
	14		aid to or for members (Part IX, column (A), line 4)			0					
w	15	-	her compensation, employee benefits (Part IX, column (A), lines 5–10)			0					
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)			0					
ben	b		raising expenses (Part IX, column (D), line 25)								
Ä	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)			63					
	18	•	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		0	63					
	19	•	ess expenses. Subtract line 18 from line 12		0	3,048,940					
es		11010110010	nos expensees capataes into to trott into 12 · · · · · · · · · · · ·	Beginning of Curr		End of Year					
ets (20	Total asset	rs (Part X, line 16)	3 3 1	0	3.048.940					
Ass I Ba	21		ties (Part X, line 26)		0	0					
Net Assets or Fund Balances	22		or fund balances. Subtract line 21 from line 20		0	3,048,940					
_	art II		re Block	I		0,0 10,0 10					
			, I declare that I have examined this return, including accompanying schedules and star	tements, and to the	e best of	my knowledge and belief, it is					
			e. Declaration of preparer (other than officer) is based on all information of which prepar			,					
					11	1/13/2023					
Sig	gn	Signature of	officer	Date)						
He	ere	SABRINA F	POURMAND, EXECUTIVE DIRECTOR								
			name and title								
_		Print/Type	preparer's name Preparer's signature	Date	Check	if PTIN					
Pa		IEDEMV	000000000000000000000000000000000000000	1/13/2023	self-em	_					
	epare	r Firm's non	-	Firm's	s EIN	26-2176601					
Us	e Onl	Firm's add		Phone		208-287-4777					
Ma	v the IF	_	this return with the preparer shown above? See instructions	1 11011	- 110.	Yes No					

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	TO EMPOWER BIPOC CREATORS, ARTISTS, AND ENTREPRENEURS TO MAKE POPULAR ENTERTAINMENT THAT
	REFLECTS OUR MULTICULTURAL SOCIETY SO WE CAN HELP IMPROVE RACIAL EQUITY IN AMERICA. WE'RE CREATING
	A SYSTEM OF CHANGE DESIGNED TO RESHAPE MAJORITY OPINIONS BY ENSURING THAT CREATORS OF ALL
	BACKGROUNDS CAN TELL THEIR STORIES AND SEE THEMSELVES IN POPULAR CULTURE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	f "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	ne res, describe triese changes on scriedule o. Describe the organization's program service accomplishments for each of its three largest program services, as measured b
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$0 including grants of \$0) (Revenue \$0)
	RIDEBACK RISE FELLOWSHIP - THE RISE FELLOWSHIP AND RESIDENCY IS COMPRISED OF A DIVERSE GROUP OF
	FILMMAKERS WHO ARE SUPPORTED THROUGH COACHING AND TRAINING TO PROGRESS THEIR PROJECT OVER AN
	INITIAL 12-MONTH PERIOD. OUR GOAL IS THAT EACH COHORT OF FELLOWS YIELDS PROJECTS THAT ARE OF THE
	HIGHEST QUALITY POSSIBLE AND DEMONSTRATE COMMERCIAL APPEAL SO THEY CAN BECOME THE MAINSTREAM
	ENTERTAINMENT THAT WE AIM TO SUPPORT CREATORS IN MAKING. THE EXPENSES AND THE REVENUE ARE 0
	BECAUSE ALL FUNDS SPENT IN 2022 WERE OUT OF OUR FISCAL SPONSOR - WRITERS GUILD FOUNDATION, WHICH
	HOUSED RIDEBACK RISE'S GRANT FUNDING WHILE WE AWAITED ALL OF OUR LEGAL PAPERWORK AS A 501(C)3. AS
	OF 2023, RIDEBACK RISE NO LONGER REQUIRES THE FISCAL SPONSORSHIP OF THE WRITERS GUILD FOUNDATION.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses 0

Part	90 (2022) Checklist of Required Schedules			Page
	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		-
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV	9		\ \
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		-
	Did in the second of the secon	$\overline{}$		

Part I	V Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		_
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	,	
Part	Statements Regarding Other IRS Filings and Tax Compliance		. •	
	Check it Schedule O contains a response or note to any line in this Part V	• •	Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 55	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	1.		
b	If "Yes," enter the name of the foreign country	4a		/
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7e 7f		V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b 11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
40	If "Yes," see the instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		-
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 V Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a ~ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 ~ Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Upon request Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. SABRINA POURMAND, (650)575-6488

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box in heither the organization no	Tarry relate	l	uiiiz			ompe	,113G			or tradico.
		(C) Position								
(A)	(B)	(do n			sition k more than one			(D)	(E)	(F)
Name and title	Average	box, unless person is both an					n an	Reportable	Reportable	Estimated amount
	hours per week	office	er and		lirect	or/trus	-	compensation from the	compensation from related	of other compensation
	(list any	or c	Inst	Officer	Key employee	Hig	Former	organization (W-2/	organizations (W-2/	from the
	hours for	vid.	重	cer	em	hest	mer	1099-MISC/	1099-MISC/	organization and
	related organizations	tor la	one		oldt	ee ()		1099-NEC)	1099-NEC)	related organizations
	below	rus	 		yee	npe				
	dotted line)	Individual trustee or director	Institutional trustee			Highest compensated employee				
			Ф			ted				
DAN LIN	5.00									
PRESIDENT		~		~				0	0	0
MICHAEL LOFASO	15.00									
TREASURER		~		~				0	0	0
ALICE RHEE	1.00									
BOARD MEMBER		~						0	0	0
BRICKSON DIAMOND	1.00									
BOARD MEMBER		~						0	0	0
STRAUSS ZELNICK	1.00									
BOARD MEMBER		~						0	0	0
ANDREA CHERNG	1.00									
BOARD MEMBER		~						0	0	0

Part	VII Section A. Officers, Directors,	rustees, I	Key I	⊨mį			s, ar	a F	ilgnest Compe	nsated Emplo	oyees (continued)
	(A) Name and title	(B) Average hours	Position (do not check more to box, unless person is			e than one is both a		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
		per week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee	a Officer	Key employee	or/tru Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2 1099-MISC/ 1099-NEC)	compensation
1h	Subtotal								0		0
C	Total from continuation sheets to Part	VII, Sectio	n A								
d 2	Total number of individuals (including reportable compensation from the organi		limite	ed t	to t	hos	e lis	ted	above) who re	eceived more	
3	Did the organization list any former of		ector	tru	ıste	- k	ev e	mpl		st compensate	Yes No
4	employee on line 1a? If "Yes," complete so For any individual listed on line 1a, is the	Schedule J	for su	uch	indi	ivid	ual				3 🗸
-	organization and related organizations individual										
5	Did any person listed on line 1a receive of for services rendered to the organization								. •	tion or individua	
Secti	on B. Independent Contractors										
1	Complete this table for your five high compensation from the organization. Report										
	(A) Name and business add	ress							(B) Description of serv	vices .	(C) Compensation
None											
	Total number of independent agreement	ro (includia	20 b	.+	ot '	im:	od t		and listed share	a) who	
2	Total number of independent contractor received more than \$100,000 of compens						.eu ((וו כ	nose listed abov	e) WIIO	

(202	-,
Part VIII	Statement of Revenue

		Check if Schedule O contains a response	or note to any	y line in this Pa	rt VIII....		\square
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b	0				
פַ צַ	С	Fundraising events 1c	0				
fts r A	d	Related organizations 1d	0				
ຂູ່ ≅	е	Government grants (contributions) 1e	0				
Sin	f	All other contributions, gifts, grants,					
ig je		and similar amounts not included above 1f	3,049,003				
혈황	g	Noncash contributions included in					
d d		lines 1a–1f 1g \$	0				
<u>a</u>	h	Total. Add lines 1a–1f		3,049,003			
		E	Business Code				
Program Service Revenue	2a						
le ez	b						
en S	С						
gram Ser Revenue	d						
90. T	е						
₫	f	All other program service revenue					
	g	Total. Add lines 2a–2f		0			
	3	Investment income (including dividends, i other similar amounts)					
	4	Income from investment of tax-exempt bond	L				
	4 5	D					
	3	Hoyarties	(ii) Personal				
	6a	Gross rents 6a	(.) 1 0.00.10.				
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>o</u>	b	Less: cost or other basis					
Revenue		and sales expenses . 7b					
ě	С	Gain or (loss) 7c 0	0				
	d	Net gain or (loss)					
Other	8a	Gross income from fundraising					
Ò		events (not including \$0					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events	S				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities Gross sales of inventory, less					
	iva						
	b	returns and allowances 10a Less: cost of goods sold 10b					
	C	Net income or (loss) from sales of inventory					
<u></u>			Business Code				
Miscellaneous Revenue	11a	_					
scellaneo Revenue	b						
	С						
isc R	d	All other revenue					
Σ	е	Total. Add lines 11a–11d		0			
	12	Total revenue See instructions		3 0/10 003	n	0	0

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	e or note to any line	in this Part IX .		
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	BANK FEES	63	0	63	0
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	63	0	63	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

2 Sa 3 Ple	ash—non-interest-bearing		1 2 3 4	(B) End of year 2,698,940
2 Sa 3 Ple	avings and temporary cash investments		3	
3 Ple	edges and grants receivable, net		3	
	counts receivable, net			
4 Ac	ans and other receivables from any current or former officer, director, istee, key employee, creator or founder, substantial contributor, or 35% ntrolled entity or family member of any of these persons		4	
	stee, key employee, creator or founder, substantial contributor, or 35% ntrolled entity or family member of any of these persons			350,000
	ntrolled entity or family member of any of these persons			
	ans and other receivables from other disqualified persons (as defined		5	
	·····			
	der section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ध्र 7 No	otes and loans receivable, net		7	
on I	ventories for sale or use		8	
	epaid expenses and deferred charges		9	
	nd, buildings, and equipment: cost or other			
	sis. Complete Part VI of Schedule D			
	ss: accumulated depreciation 10b		10c	
	vestments—publicly traded securities		11	
	vestments-other securities. See Part IV, line 11		12	
	/estments-program-related. See Part IV, line 11		13	
	angible assets		14	
	her assets. See Part IV, line 11		15	
	otal assets. Add lines 1 through 15 (must equal line 33)	0		3,048,940
	counts payable and accrued expenses		17	
	ants payable		18	
	eferred revenue		19	
	x-exempt bond liabilities		20	
	crow or custodial account liability. Complete Part IV of Schedule D.		21	
့် 22 Los	ans and other payables to any current or former officer, director, istee, key employee, creator or founder, substantial contributor, or 35%			
≣ CO	ntrolled entity or family member of any of these persons		00	
<u>.a.</u>			22	
=0	ecured mortgages and notes payable to unrelated third parties		24	
	her liabilities (including federal income tax, payables to related third		24	
	rties, and other liabilities not included on lines 17–24). Complete Part X			
	Schedule D		25	0
	otal liabilities. Add lines 17 through 25	0	-	0
	ganizations that follow FASB ASC 958, check here	0	20	
ğ an	d complete lines 27, 28, 32, and 33.			
토 27 Ne	et assets without donor restrictions	0	27	2,658,940
28 Ne	et assets with donor restrictions	0	28	390,000
Or	ganizations that do not follow FASB ASC 958, check here			0,0,000
⊒ an	d complete lines 29 through 33.			
5 29 Ca	apital stock or trust principal, or current funds		29	
30 Pa	iid-in or capital surplus, or land, building, or equipment fund		30	
31 Re	etained earnings, endowment, accumulated income, or other funds.		31	
•	tal net assets or fund balances	0	32	3,048,940
33 To	tal liabilities and net assets/fund balances	0	33	3,048,940

Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>						
1	Total revenue (must equal Part VIII, column (A), line 12)			3,049	9,003			
2	Total expenses (must equal Part IX, column (A), line 25)				63			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5	Net unrealized gains (losses) on investments				0			
6	Donated services and use of facilities				0			
7	Investment expenses				0			
8	Prior period adjustments				0			
9	Other changes in net assets or fund balances (explain on Schedule O)				0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))			3,048	8,940			
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>						
		_	\rightarrow	Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain	on						
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2	2a		'			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or						
	reviewed on a separate basis, consolidated basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	~				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited or	ı a						
	separate basis, consolidated basis, or both:							
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight							
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		~			
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	on						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		~			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	. 3	3b					

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

RIDE	BACK	RISE INC					87-21	42080
Par	tΙ	Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	oart.) See instructi	ons.
The c	organi	zation is not a private founda	ation because it i	s: (For lines 1 through	12, ched	ck only or	ne box.)	
1	\square A	church, convention of churc	hes, or associati	on of churches descr	ibed in s e	ection 17	'0(b)(1)(A)(i).	
2	\square A	school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)		
3	\square A	hospital or a cooperative ho	spital service org	ganization described i	n sectio r	170(b)(1	1)(A)(iii).	
4		medical research organizationspital's name, city, and stat	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned c	r operate	ed by a government	al unit described in
6 7	✓ Aı	federal, state, or local gover n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup		٠,		n the general public
8	\square A	community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	or ur	n agricultural research organ runiversity or a non-land-gra niversity:	int college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	re sı	n organization that normally ceipts from activities related upport from gross investmen cquired by the organization a	to its exempt fu t income and un	nctions, subject to ce related business taxa	rtain exc ble incon	eptions; a ne (less s	and (2) no more than ection 511 tax) from	ı 33¹/₃% of its
11	☐ Aı	n organization organized and	doperated exclus	sively to test for public	safety.	See sect	ion 509(a)(4).	
12	or	n organization organized and ne or more publicly supported ne box on lines 12a through 12	d organizations d	escribed in section 5	09(a)(1) o	r section	509(a)(2). See sect	ion 509(a)(3) . Check
а		Type I. A supporting orgar the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	ijority of t		
b		Type II. A supporting orga control or management of organization(s). You must	the supporting o	organization vested in	the same			
С		Type III functionally integ its supported organization						ally integrated with,
d		Type III non-functionally that is not functionally interequirement (see instructionally interequirement)	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement ar	
е		Check this box if the organ functionally integrated, or						e II, Type III
f		er the number of supported o	•					
g	Pro	vide the following information		orted organization(s).	1		1	
	(i) Nar	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	-	
(A)								
(B)								
(C)								
(D)								
(E)								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) **(b)** 2019 (a) 2018 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 3,049,003 3,049,003 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 0 0 0 0 3.049.003 3,049,003 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2,585,100 **Public support.** Subtract line 5 from line 4 463,903 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 0 0 0 0 3,049,003 3,049,003 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 3,049,003 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2021 Schedule A, Part II, line 14 15 % 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

Schedule A (Form 990) 2022 Page **3**

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			-			
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	'						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	on B. Total Support	() 0040	(1.) 0040	() 0000	/ I) 0004	() 0000	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)		o first	thind facult	or fifth tower	00.00.00.00.00.00.00.00.00.00.00.00.00.	p F01/c\/0\
14	organization, check this box and stop he	-			-	ar as a secuo 	
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2022 (line			13. column (f))		15	%
16	Public support percentage from 2021 Scl		-			16	%
	on D. Computation of Investment In				<u> </u>	1 1	,,,
17	Investment income percentage for 2022 (by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 202			-			%
19a	331/3% support tests-2022. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2021. If the organize	zation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	
	line 18 is not more than 331/3%, check this	box and stop h	ere . The organ	ization qualifies	s as a publicly s	upported organ	ization .
20	Private foundation. If the organization di	id not check a	box on line 14	19a or 19b	check this hox	and see instru	ctions

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Se

Jeen	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	NO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		inations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	integrated Type III support	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number RIDEBACK RISE INC 87-2142080 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedu	le D (Form 990) 2022								Page
Part	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		and other reco	rds, chec	k any of th	e follov	wing that make	significant	use of it
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	ram		
b	☐ Scholarly research		е	☐ Other					
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	tion's collect	tions and expl	ain how t	hey further	the or	ganization's exe	empt purpo	se in Par
5	During the year, did the organization assets to be sold to raise funds rather								s 🗌 No
Part	IV Escrow and Custodial Arra	angements	5.						
	Complete if the organization 990, Part X, line 21.	answered	"Yes" on Fo	rm 990, I	Part IV, lin	e 9, or	reported an a	amount on	Form
1a	Is the organization an agent, trustee	, custodian	or other interr	nediary fo	or contribut	tions o	r other assets	not	
	included on Form 990, Part X?								s 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and c	complete the fo	ollowing to	able:				
								Amount	
С	Beginning balance					10			
d	Additions during the year					10			
е	Distributions during the year					16			
f	Ending balance					11			
2a	Did the organization include an amoun							•	
b	If "Yes," explain the arrangement in P	art XIII. Ched	ck here if the e	xplanatio	n has been	provid	ed on Part XIII		
Par			"Vaa" on Fa	000 [- 10			
	Complete if the organization						(D T)		
4.	Danisaria a africa a balanca	(a) Current y	/ear (b) Pr	ior year	(c) Two yea	rs back	(d) Three years ba	ack (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t				g, column (a	a)) held	as:		
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment%								
•	The percentages on lines 2a, 2b, and		•						
3a	Are there endowment funds not in the	e possessioi	n of the organ	ization th	at are neid	and ac	iministered for	_	Vaa Na
	organization by:								Yes No
	(i) Unrelated organizations								
L	(ii) Related organizations							- , ,	
b 4	* **	-						. 3b	
4 Part	Describe in Part XIII the intended uses VI Land, Buildings, and Equip		inzation s end	OWINEIILI	uilus.				
I GIL	Complete if the organization		"Yes" on Fo	rm 990 I	Part IV line	e 11a	See Form 990) Part X li	ine 10
	Description of property		est or other basis		or other basis		Accumulated	(d) Book	
	Description of property	, ,	nvestment)	1 ' '	other)		epreciation	(u) DOOR	. vaide
	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment								
e	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal F	orm 990, Part	X, columr	n (B), line 10)c.) .			

Schedule D (Form 990) 2022 Page **3**

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part	t IV line 11b See I	Form 000 Part V line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) Book value	Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely h	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	man /h) must a sust Farma 000 Part V and /D) line 10)		
	mn (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.		
Part VIII		t IV line 11e Coe I	Form 000 Port V line 12
	Complete if the organization answered "Yes" on Form 990, Part		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			, ,
(1)			+
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Form 990, Part	t IV, line 11d. See l	Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.	L IV / 15mm	
	Complete if the organization answered "Yes" on Form 990, Part	iv, line i le or i li	. See Form 990, Part X,
1.	line 25.		425
(1) Federal in	(a) Description of liability		(b) Book value
	icome taxes		0
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		0
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the organization		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedule D (Form 990) 2022 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements. 3,049,003 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12: Net unrealized gains (losses) on investments 0 Donated services and use of facilities 0 h Recoveries of prior year grants 0 Other (Describe in Part XIII.) 0 Add lines 2a through 2d 2e n 3 3 Subtract line **2e** from line **1** 3,049,003 Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 4b 0 Add lines 4a and 4b 4c 0 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,049,003 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . 1 63 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 0 Prior year adjustments 2b 0 Other losses 2c 0 Other (Describe in Part XIII.) 0 Add lines 2a through 2d 2е 0 3 3 Subtract line 2e from line 1 63 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 Other (Describe in Part XIII.) 4b 0 Add lines **4a** and **4b** 4c 0 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 63 Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Schedule D, Part X, Line 2 - RIDEBACK RISE IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA DRAFT REVENUE AND TAXATION CODE. THE ORGANIZATION IS REQUIRED TO EVALUATE ITS TAX POSITIONS AND RECOGNIZE A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED "MORE LIKELY THAN NOT" TO BE UPHELD UNDER A TAX AUTHORITY EXAMINATION. IF SUCH ISSUES EXIST, RIDEBACK RISE'S POLICY WILL BE TO RECOGNIZE ANY TAX LIABILITY SO RECORDED, INCLUDING APPLICABLE INTEREST AND PENALTIES, AS A COMPONENT OF INCOME TAX EXPENSE. RIDEBACK RISE MAY BE SUBJECT TO UNRELATED BUSINESS INCOME TAX FOR INCOME FROM OPERATING ACTIVITIES NOT RELATED TO THEIR EXEMPT PURPOSE. UNRELATED BUSINESS INCOME IS TAXED BASED ON THE APPLICABLE STATUTORY FEDERAL AND STATE INCOME TAX RATES FOR FOR-PROFIT ORGANIZATIONS. MANAGEMENT DOES NOT ANTICIPATE ANY INCOME BEING SUBJECT TO UNRELATED BUSINESS INCOME TAX DURING THE CURRENT YEAR.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number
RIDEBACK RISE INC	87-2142080
Form 990, Part VI, Section A, Line 2 - TWO BOARD MEMBERS HAVE A BUSINE	SS RELATIONSHIP. DAN LIN AND MICHAEL LOFASO
ARE COLLEAGUES AT RIDEBACK RANCH.	
Form 990, Part VI, Section B, Line 11b - THE APPROVAL PROCESS IS COMPLE	TED WITH THE PRESIDENT. THE TREASURER, AND
THE BOARD MEMBERS.	
THE BOTH BEHAVIOR	
Form 990, Part VI, Section B, Line 12c - BEFORE EACH BOARD MEETING, OUF	STAFE ASSESSES ANY DOTENTIAL CONFLICTS OF
INTEREST AND INCLUDES THOSE ITEMS IN THE BOARD AGENDA FOR DISCI	
REQUEST DISCLOSURE FROM THE BOARD IF THEY HAVE ANY POTENTIAL (
REQUEST DISCLOSURE FROM THE BOARD IF THEY HAVE ANY POTENTIAL (CONFLICTS OF INTEREST TO RAISE.
Form 200 Dart VI Costing C. Line 10. ODCANIZATION MADE ITC COVERNIA	DOCUMENTS CONFIDENCE OF INTEREST DOLLOW AND
Form 990, Part VI, Section C, Line 19 - ORGANIZATION MADE ITS GOVERNING	
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC DURING THE TAX YEA	R BY REQUEST OF THE PUBLIC.

Schedule O, Statement 1 RIDEBACK RISE INC

Form: Form 990 (2022) EIN: 87-2142080

Page: 1 Part I, Line 1

Activity Or Mission Description

Description

WE CAN HELP IMPROVE RACIAL EQUITY IN AMERICA. WE'RE CREATING A SYSTEM OF CHANGE DESIGNED TO RESHAPE MAJORITY OPINIONS BY ENSURING THAT CREATORS OF ALL BACKGROUNDS CAN TELL THEIR STORIES AND SEE THEMSELVES IN POPULAR CULTURE.